10-POINT CHECK PEDIATRIC EVALUATION FORM 2 MONTHS TO 5 YEARS						
Child's name:	Age:	Sex:	Temp: ºC	Weight: kg		
Ask: "What are the child's problems?"						
Date:	r this issue Follow-up visit for this issue					
"I am committed to the comprehens	ive management of c	hildhood illness."				
Health worker's signature:						
***** COMPLETE EVERY STEP- A SKIPPED STEP IS A SKIPPED DIAGNOSIS****						
ASSESS		LASSIFICATIONS ACTIONS	CLASSIFICATION & REMARKS			
Step 1 of 10: Check for danger s	signs!			I		
Not able to drink or breastfeed? Vomits everything? Lethargic or unconscious Convulsing now	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No 	If YES to any DA ▶ Refer URGEN				
Step 2 of 10: Assess cough or c	difficulty breathing					
Does the child have a cough? If YES, For how long? Count breaths/ min Fast breathing:	days	Cough AND dang indrawing, OR st SEVERE PNEUM ► Refer URGEN	MONIA			
 Less than 2 months: m 2 months to 5 years: E more than 50/min 	Cough AND fast danger sign: PN ► Give antibiotic					
Chest indrawing Wheezing or stridor	□ Yes □ No □ Yes □ No		st breathing: COLD mol. Counsel the fluids.			
Step 3 of 10: Assess diarrhea.						
Does the child have diarrhea?	□ Yes □ No		skin pinch returns DEHYDRATION ITLY to hospital.			
If YES, For how long?	days	Blood in stool: D	YSENTERY			
Any blood in stool?	□ Yes □ No	► Give antibiotic for 3 days.				
Observe eyes and pinch skin on a	DIARRHEA ► Give ORS fluid	d and zinc tablets.				
Step 4 of 10: Review history of	fever.	-		-		
Fever in past 24 hours? If YES , For how long? If YES , Conduct mRDT	ng?days	 mRDT negative: ▶ Do not give A0 paracetamol, ass causes of fever, or 	CT. Give sess and treat other			
Stiff neck	☐ Negative (-) ☐ Yes ☐ No	 mRDT positive: Treat with AC Stiff neck AND fe SEVERE FEBRII ■ Refer URGEN 	T. ever: VERY LE DISEASE			
Measles rash present? Cough, runny nose, or red eyes?	□ Yes □ No □ Yes □ No	► Refer URGEN Rash AND one o (cough, runny no MEASLES ► Gir	f the following se OR red eyes):			

Step 5 of 10: Assess ear problems.						
Ear discharge? Swelling behind ear?	□ Yes □ No □ Yes □ No □ Yes □ No days	 Swelling behind ear: MASTOIDITIS ▶ Give first dose of antibiotic and paracetamol. Refer URGENTLY. Ear discharge: EAR INFECTION ▶ Dry ear with wick, give antibiotics for 5 days, give paracetamol, and follow-up after 5 days. 				
Step 6 of 10: Check for malnutrition.						
Any visible severe wasting? Any oedema of both feet? Mid-upper arm circumference (MUA Ask about child's feeding (how ofter type of fluids, amount)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No △ Yes ☐ No AC) mm n, type of food,	 Visible severe wasting OR oedema: SEVERE MALNUTRITION ▶ Give vitamin A and refer. NO visible severe wasting OR edema AND MUAC is 115 mm to125 mm: MODERATE MALNUTRITION ▶ Counsel mother, follow-up in 14 days. FEEDING PROBLEMS ▶ Counsel mother on feeding. 				
Step 7 of 10: Check for anemia. Check palmar pallor		Severe pallor: SEVERE ANEMIA				
Severe – Very pale or white Some – Pale, some pink spots	 Yes □ No Yes □ No No □ DK Positive (+) Negative (-) 	 Refer URGENTLY. Some pallor: ANEMIA Give iron and folic acid. mRDT negative: NO MALARIA Do not give ACT. Give paracetamol, assess and treat other causes of fever, or refer. mRDT positive: MALARIA Treat with ACT. 				
Step 8 of 10: Check for HIV infection.						
Has the child tested for HIV?	□ Yes □ No □ Yes □ No	No ► Test for HIV ► If positive, counsel mother and refer. and vitamin A supplementation statu				
		No ► Give or schedule immunization and/or Vitamin A.	5.			
Has child received Vitamin A in the last 6 months? Step 10 of 10: Are there any othe	□ Yes □ No		date:			